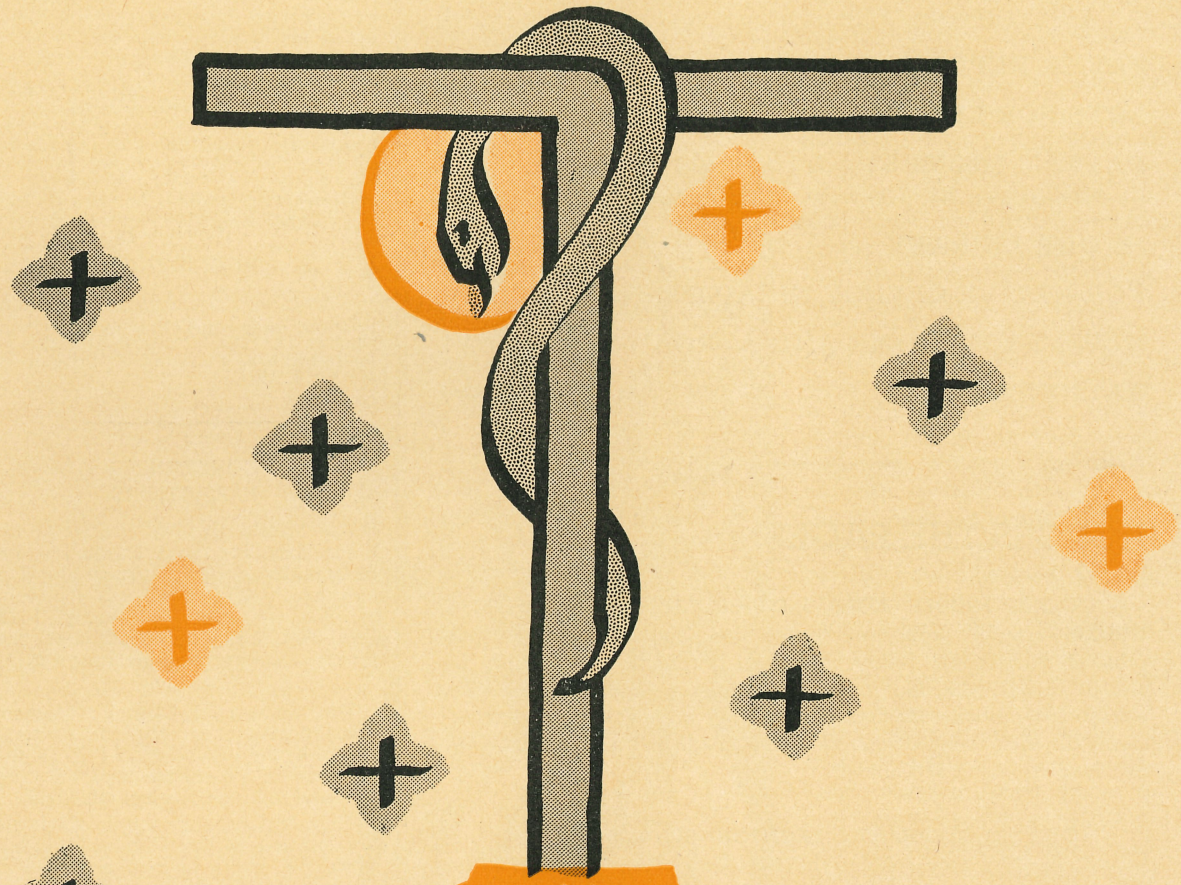
The MEDICAL MISSIONARY



VOL. XVI JUNE, 1942 NO. 6

IN THIS ISSUE:

Page

PATRON OF HOSPITALS 83

NEW TOWN OF CHARITY—FOURTH CENTURY
By Sister M. Angelica, S.C.M.M. 84

TOPSY-TURVY TALK
By Sister M. Elise Wijnen, S.C.M.M., M.D. 86

MODERN MEDICAL GUILDS
By Catherine O'Neill 88

PATNA REPORT 90

LOTS FOR LITTLE 90

PATNA'S "DOMES"
By Sister M. Laetitia, S.C.M.M., R.N. 91

IN OUR LIBRARY 92

FOR NATIVE CLERGY IN JAPAN AND KOREA 93

NEWS FROM HOME AND ABROAD 94

RATIONED? .....See Back Cover!

ACROSS THE PAGES:

"IN THE MIDDLE AGES PHYSICIANS FORMED MEDICAL GUILDS—special organizations for their mutual religious and professional benefit. Today, taking the initiative in following the advice of Leo XIII and Pius XI, modern medical men have reconstituted Catholic Medical Guilds built on the lines of the ancient societies. Miss Catherine O'Neill will tell you about them in "Modern Medical Guilds."

"YOU, THE ELEPHANT'S BACK ON, SIT!"—that is how you would say it in Urdu! When you have read about some of Sister Elise's "choice experiences" with the language situation in India, you will agree with her that "Urdu is not so easy,"—though once you "catch on" it **is** lots of fun!

"THERE IS NO MODE OF CARE FOR THEM (THE SICK) IN WHICH THE CHURCH HAS NOT BEEN THE PIONEER." An example "par excellance" of the Church's solicitude for the sick and the poor is to be found in St. Basil and his famous "Basilias." Sister M. Angelica writes about him in "New Town of Charity—Fourth Century."

PATNA HAS ITS UPS AND DOWNS with domestic problems! The latest—according to Sister M. Laetitia—are "Patna's 'Domes!' "

MAKE YOUR OWN—seems to be the Indian solution to the "tooth brush problem." You will know "how" after you have read "News from Home and Abroad."

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SISTER M. LOYOLA, S.C.M.M.
Editor

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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In her maternal way, the Church desires the best for her children and neglects no means to prosper them and shield them from harm. This explains why she gives patrons to everybody and for everything.

During the month of June, when attention is focussed on the alleviation of the manifold sufferings that human bodies are heir to at such conventions as the A.M.A., the National and Catholic Nurses and the Catholic Hospital Associations, it seems timely to throw the searchlight for a few moments on the man whom Pope Leo XIII declared the patron of hospitals.

His name was John. His parents were poor Portuguese peasant folk. His jobs in youth were shepherding, then soldiering, then shepherding again. He did not always keep to the straight and narrow path—but he found his way back to it by much prayer and meditation. They made him a new man—John of God. The love for God that was kindled in him transformed him from an ordinary shepherd into a **good shepherd** and from a soldier in the army of Charles V into a soldier in the army of Christ. His love for Christ became manifest in the love for those in need. He began to serve them—by giving himself—with every fibre of his being. He made his debut in this personal service by offering himself as ransom for Christians who were held in bondage by the Moslems in Africa. Then he labored with bricks and mortar to earn money to keep an impoverished nobleman and his family alive. When they were on their feet again, he took to peddling religious books—making them available at a cheap price. On his apostolate-of-the-press peregrinations he met a poor boy who walked the rough country roads barefoot. John took off his shoes to bestow them on the lad—but alas, they were too big. So John shouldered the boy and carried him a long distance. They stopped at a stream to drink—where the boy revealed himself as the boy, Jesus, and pointed out his future vocation by telling him: "Go, thou shalt bear the cross in Granada."

On his arrival there, he gathered the poor and sick—making his shoulders do ambulance service when they were too ill to walk. He did not wait for an elaborate building—but started with a shed and called it the **hospital of charity.** For a long time the tasks of nursing, cooking, cleaning and getting provisions fell on him. And how did he provide for his sick and poor? How did he solve the question of finances? When the day's work was done, he set out with a wallet slung from his shoulder and a skillet in his hand begging from door to door! As the people around him saw his earnestness more and more—they helped him, and some young men even began to gather about him.

After ten years of work in his hospital of charity he died of an illness brought on by his attempt to rescue a drowning boy. The Church canonized him—which means that She is sure that John went to God.

Although St. John of God left this earthly vale of ours four hundred years ago—the glow of his love of God still cheers and warms poor sick people in hospitals of charity—and the intensity of his personal service has made an irremovable impress on the world for better.

—A. D.

New Town of Charity - - Fourth Century

by

SISTER M. ANGELICA, S.C.M.M.

". . . There is hardly one feature of the modern hospital that St. Basil did not initiate or provide for 'in embryo' at least."

It is a trite saying that, "There is nothing new under the sun," but it still holds good for many occasions. Another version states that there is nothing new—except what has been forgotten. This seems to be true not only in regard to the contributions of the Church to art and literature but also in her dealings with the sick. Modern literature makes much of social justice and charity and speaks in lofty terms of the brotherhood of man and a new social order. But at the same time one must not overlook the fact that helping the needy, or social service as we know it, is as old as the Christianity from whence it sprang, drawing its vitality from the two commandments of the love of God and love of neighbor as taught to us by Christ. No more striking example of this can be found than in the history of the modern hospital, which traces its origin to the early Christians and to St. Basil—a fourth century follower of Christ.

Christianity indeed effected a great change in the manner of caring for the sick. The ancient world, cultured as it was, had made almost no provision for the poor. For the most part its attitude was one of "every man for himself." Blood relationship imposed a duty on others, but beyond that there was almost nothing to bind men to each other. For the wealthy there were magnificent medical institutions and health resorts in abundance. Hospitals in our modern sense of the word for the care of soldiers, founded by the state and maintained by the government, existed also. If you belonged to someone, your health was of interest to them, and you would be cared for. But if you belonged only to yourself and anything happened, unless there were willing friends to assume the burden, there was no provision made to help you regain your health or to care for you if you contracted an incurable disease. It is not surprising then, to read of so many suicides among the Greeks and Romans. Life must have seemed hopeless indeed, when sickness was severe.

As Christ Himself had gone around healing the sick, it is easy to understand that His followers, the first Christians, immediately took upon themselves the care of suffering humanity. From the earliest days, even in the times of persecution when there was little opportunity to alleviate sickness and poverty in an organized manner, the sick poor, especially, were not neglected, but were cared for in the homes of the Christian bishops. In their ceremony of consecration bishops are required to make a special solemn promise to provide for the poor. As time went on Bishops' houses really became hospitals, in the sense that travelers and those who were ill and had no place to lay their heads might be welcome. Orders of deacons and deaconesses were established that their members might devote themselves to the care of the poor and the sick—and the deaconesses, whose main work was to visit and console them in their homes, were the forerunners of our modern visiting nurses. Consequently, just as soon as the Church emerged from the catacombs and persecutions ceased, public institutions of charity arose for the service of all classes.

Study and skill alone do not enable one to understand and comfort the suffering, but only that love and charity through which we see those who suffer as our brethren. Indeed charity, which is the soul of the Christian religion, is the love of God in our fellow men.

—Most Rev. Amleto Cicognani

The first and foremost of these hospitals, which embodied Christian charity in all its aspects, was the famous foundation of St. Basil, one of the Greek Fathers of the Church. Born of a very holy family in Cappadocia (a centrally located portion of modern Turkey), early in life Basil became a brilliant student—one of the most fa-

mous orators of his time. In the midst of all this success the light of eternal wisdom shone upon his soul, and he himself says: "Then I read the Gospel and saw there that a great means of reaching perfection was the selling of one's goods and the sharing of them with the poor." Forthwith he gave his estate to the needy and founded a monastery for men, which became the model for numberless others. But the Church needed his services, and he was called to administer the diocese of Caesarea for Bishop Eusebius, whom he afterwards succeeded to this See.

Although poor in health and governing his diocese at a time when the Church was torn by Arianism, Basil, like the early Christians, made the care of the sick one of the outstanding characteristics of his administration. Just outside the city of Caesarea he built a hospital—a model of Christian charity in its completeness. It was called by the people the Basilias. St. Gregory Nazianzen, who was a friend of St. Basil, says that the hospital was reckoned as one of the wonders of the world at that time because of its many buildings, the number of the sick poor who came there to be treated, and the remarkable organization of the institution. St. Gregory wrote: "At the gates of Caesarea, created by Basil out of nothing, there arose a new town devoted to charity and to the nursing of the sick." The center of this "new town" was occupied by a church, while on the streets radiating out from it were numerous hospital buildings containing rooms for the sick and crippled for whom doctors and nurses were ready to do everything possible. And that—in the fourth century!

We, who pride ourselves on the efficiency of "modern methods," could be put to shame by reading the history of this fourth century example of Christian charity. One might even state that there is hardly one feature of the modern hospital that Basil did not initiate or provide for, "in embryo" at least. In keeping with the splendid organization of his institution were the many other buildings which would not be connected with a hospital in our sense of the word —an orphanotrophium, or orphan asylum, a bephotrophium, or infant asylum for foundlings and a gerontochium or home for the aged. There was also a xenodochium, or house of hospitality for strangers, together with separate buildings for those suffering from various contagious diseases. A department for the insane in St. Basil's hospital shows that from the earliest days of Christianity a definite effort was made to treat the mentally ill.

We also find that special care was given to the lepers, and we read for the first time in history about segregation to prevent the spread of the disease. Many people think that the first nursing order of knights originated in the Basilias. It was called the order of St. Lazarus, after the poor man of the Gospel who sat begging at the gates of the rich man's house while the dogs licked his sores, and was comprised of those who wished to devote themselves in a special manner to the care of lepers. It is to Basil's credit that many Lazar houses in connection with this society were founded after his example, and that the former were so effective in bringing this disease under control.

Reconstruction in the latest sense of the word was also carried out in this "city of charity." Christian hospital it was—with no distinction for creed or race. To be poor was enough to secure help —but poverty and sickness both seemed to set in motion all the well-springs of Christian charity. Special buildings were erected where the crippled and maimed might learn new trades before they faced the world again and had to depend upon themselves for a livelihood. As a climax to Christian thoughtfulness for those in need we find an employment bureau where employers and employees might be brought together to reach an understanding and to give help to those who required it most. No wonder that the reputation of this hospital traveled far and wide. Even Julian the Apostate urged his subjects to imitate its example—for he feared that unless the pagans could show forth some similar works for the benefit of mankind, they were doomed.

Few people realize that we owe to Basil's teachings the modern idea of freedom from taxation for hospitals. Like his Master, he was criticized for his works among the poor and was accused of trying to gain political power among the masses. But he went on and even succeeded in persuading the authorities that hospitals were public institutions and were meant for the benefit of the community. Consequently they should not only be exempt from taxation but should be supported. Many rich Christians, influenced by Basil's homilies, wherein he insisted that the rich were only stewards of their wealth and should use it for eternity, gave large endowments to his charitable institutions—thus setting an example for future generations.

Modern social workers may well claim Basil as their own because of his great work for the poor. But like all consistent exponents of Catholic ethics in any age, Basil was but following His Master's teachings to their fullest extent. No wonder that today, when the world cries out against the evils of society, one is reminded of the warning of Pope Pius XI: "Social construction must be preceded by a profound renewal of the Christian spirit." It was this spirit of Christ that animated the Christians of St. Basil's times and made them feel privileged to serve God Himself in the person of the sick and the poor. Throughout the centuries the Church has held aloft this ideal of Christian charity and, though the world may have forgotten, to quote Dr. James J. Walsh, "There is no mode of care for them (the sick) in which the Church has not been the pioneer."

Topsy-turvy Talk

By

SISTER M. ELISE WIJNEN, S.C.M.M., M.D.

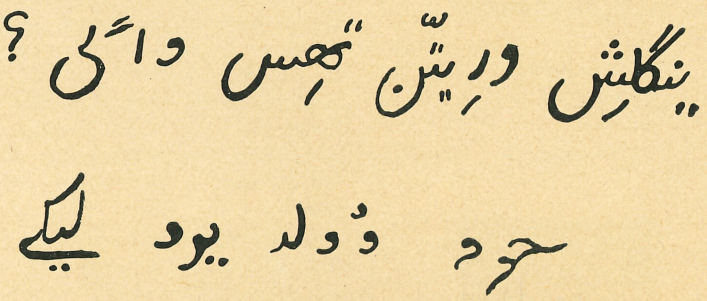
"Urdu may be easy . . ." But when it comes to learning it—that is a very different story!

Ever since I have come to God's upside down country (India to you) I have had that "Alice in Wonderland" feeling. Either things are topsy-turvy, or I am. Women in trousers, men with long hair tied up in a top knot, a tailor instead of a seamstress and washerman instead of a laundress, the dog an unclean animal and the cow holy, children with bare feet in the coldest weather and curry which burns a hole in your tongue when the temperature is 110 in the shade! All that leaves you wondering a bit whether you are standing on your head or on your heels!

I think I am beginning to get over it though. Yesterday I cycled down a crowded bazaar street, threading in and out of buffaloes, and I never even gave them a second glance. When I shall have reached the stage where I can push a camel out of the way without interrupting my conversation, then I shall have "arrived." Or when I shall be able to discuss a patient's symptoms with her without having to stop after every sentence to think out the next one, then I am really "at home" at last.

Yes, that Urdu is the first hurdle in the obstacle race. It has to be passed before any direct mission work can be attempted. I have a big bone to pick with the person who started the rumor that "Urdu is easy." That may be true **comparatively,** that is, Urdu may be easier than Sanskrit or Chinese, but here and now that does not help me much, as I have no intention (**yet**) of learning Chinese!

Of course it is not difficult to learn a few phrases and commonly used expressions, just enough to supply one's own conveniences. But that is a long way off from really knowing Urdu well and speaking it easily and fluently, with an adequate vocabulary, true idiom and correct pronunciation. No language is easy, not even one's own mother-tongue. Only sustained efforts will bring results.



". . . The letters dance up and down and weave in and out like wet clothes flapping on a washline." (Translation: "Easier than Chinese, eh? Well, I'm not so sure!")

After about a year of daily struggle I am just beginning to "see the light of day!" Words and expressions are falling into place like the pieces of a jigsaw puzzle, and the joy of dawning comprehension is gilding the horizon. The grind is over, and the fun has begun! But it **was** a grind, and it is still close enough so that I can let you share in my memories. It might help you a bit, when and if you start to learn Urdu yourself, and if not, well, it might amuse you to hear about it.

It took me a long time to get used to the fact that Urdu has no word for "to have." Surely I must have read that somewhere in the beginning of my studies. But it made no more impression on me than the place names in the Libya campaign. I kept bumping into sentences like: "Do you have pain?" and "She has no bottle for the medicine," and "I have just seen him." Then I would have to stop short and try to recall just how to transcribe those daily sentences into: "Is there any pain to you?" "With her there is no bottle for the medicine," and "He was just seen by me," etc.

When I finally mastered that simple but fundamental bit of idiom, it gradually dawned on me that the same was true of a great many other expressions. Take, for instance, the word, "milna." Literally translated it means: "to fall to one's lot, to come into one's possession." Now who would ever use a cumbersome expression like that in English? But here you say "milna" in every other sentence.

You send a boy to the bazaar for some paint, and when he comes back you ask him, not—"Did you get it?" but, "Yih milna?" or "Did it come into your possession?" Daily ward rounds abound in expressions like that: "Did sleep come to you during the night?" and "Does a chill touch you?" or "A cough does not come from you, does it?" The whole of Urdu seems to be flavored with this habit of putting things impersonally. Instances are legion. Here are just a few more examples: (The ordinary English sentence is written first, with the Urdu expression following it.)

I know it.

It is known to me (Mughe malum hai.)

I do not see it.

Sight does not come to me. (Mujhe nazar nahim ati.)

Did you get the medicine?

Did the medicine come into your possession? (Yih dawa'i tum ko mili?)

What do you want?

What is needed? (Kya chahiye?)

She broke this bottle.

This bottle got broken. (Yin shishi tut ga'i.)

Of course the whole sentence construction is topsy-turvy to our minds. In the first place all the prepositions become postpositions and **follow** the word to which they refer. And in the second place the verb is separated from the subject by the whole length of the sentence. So—you do not sit on the back of an elephant. You, the elephant's back on, sit! It reminds me of what used to be said of an old-fashioned German literature: "Once a speaker dives into a sentence that is the last you see of him until he emerges at the other side of the ocean with the verb in his mouth!" Fortunately Urdu favors short sentences, or it would be like learning Cicero's Latin all over again.

The real Urdu idiom is fascinating. It has some expressions in it that I have been waiting for all my life—only I did not know they were in Urdu! What could be more satisfying, for instance, than the little word—"bas?" It means "stop, enough, no more, that's all, it is all over." We all use it a dozen times a day, I am sure. And then there is the pleasant and contented, "achchha," which can express so much—assent, willingness, gratitude, even wonder and surprise. There are scores of words like that. After a few months on Indian soil they become so much a part of your life that you wonder how you ever managed without them!

When you begin to read the Urdu script, then the "topsy-turvy feeling" becomes dizzier than ever. The lines are written from right to left, and the book is started at the back instead of at the front. Still, we ought to be grateful that they **do** write from the top to the bottom and not vice-versa! To complicate matters just a bit more, the letters do not run evenly along on one straight line but dance up and down and weave in and out like wet clothes flapping on a washline. The little illustration is a pretty good sample of what I mean.

One thing is certain. Every hour put into language study brings its own reward. To be able to understand the people and speak to them in their own tongue weighs up against all difficulties and efforts. Much is at stake—for "faith comes by hearing," and how shall these women hear unless we can speak to them fluently and correctly in their own language? Since the gift of tongues has been withdrawn there is only one way—but that one is open to all—"Orare et laborare!"

Sister Elise—practicing some of her newly acquired "Urdu idiom" on two of the visitors at Holy Family Hospital.

Modern Medical Guilds*

by

CATHERINE O'NEILL

". . . Following the advice of Leo XIII and Pius XI, modern medical men have reconstituted Catholic Medical Guilds built on the lines of the ancient societies."

"The blind see, the lame walk, the lepers are cleansed, the deaf hear!" That was the cry which followed Christ when He walked the earth; in Him were combined the offices of priest and physician. He cured men's bodies as He cured their souls. Twice at least, since those days in Galilee, men have recognized the exalted character of the medical profession. In the Middle Ages physicians formed Medical Guilds, special organizations for their mutual religious and professional benefit. Today, taking the initiative in following the advice of Leo XIII and Pius XI, modern medical men have reconstituted Catholic Medical Guilds built on the lines of the ancient societies.

In general the constitutions of the modern Catholic Medical Guilds include these aims: to uphold the principles of Catholic faith and morality against un-Christian and un-scientific materialism; to facilitate intercourse between Catholic physicians and the clergy, as well as with members of other professions interested in medico-moral problems; to investigate the relation of medical theory and practice to Catholic theology and philosophy; to render assistance to Catholic medical institutions; to promote solidarity among Catholic members of the profession. The guilds are under the direction of the dioceses in which they function. Their end is fundamentally spiritual: to advance the kingdom of Christ, first among their members; then, through them, to patients and associates.

It was the trust that Catholics should and do place in Catholic physicians which gave rise to the reconstitution of Medical Guilds. Catholic members of the profession began to realize with Cardinal Newman that "there cannot be a worse calamity to the Catholic people than to have its medical attendants alien or hostile to Catholicity; there cannot be a greater blessing than when they are intelligent Catholics who acknowledge the claims of religious duty, and the subordination and limits of their own functions."[1] With this in mind, physicians abroad and in America, independently at first, began seriously to consider a return to the ancient system of the Guild of SS. Cosmas and Damian, as all medical societies had been called in the Middle Ages.

The medical guild in Spain had never disappeared; it has been active at least since the sixteenth century. The medieval French medical Guild of St. Luke, St. Cosmas and St. Damian, reconstituted in 1884, had in 1914, 11,000 members with branches in all the principal cities of France.

For many years the formation of a Catholic Medical Guild occupied the thoughts of Catholic doctors in England. Because it was almost impossible to determine who were the Catholic physicians, and for other more cogent reasons, it was finally decided to form a society capable of renewing and maintaining the ancient Christian traditions of the profession, to be called the Guild of St. Luke, St. Cosmas, and St. Damian. On July 27, 1910, with the approval of ecclesiastical authorities, the Guild was provisionally constituted.

The spirit of this society may best be depicted in the words of the members themselves in the first issue of the Guild's Gazette:

> It is indeed pleasant to think that this, our English Guild, now constituted on the lines of the ancient Guild of SS. Cosmas and Damian, will be, too, like its predecessor, a purely religious society as of old; its brothers offering again, as in those olden times, their hearts as well as their works for the greater honor and glory of God, and in honor, too, of His Blessed Mother and St. John the Baptist, in unison with our brethren of the same guild, not only throughout the British Empire but also throughout the entire civilized world.[2]

The second great aim of the Guild was to raise a bulwark against a pseudo-science which would sweep away the principles of religion and ethics from the medical practice. Other aims —

*Reprinted with permission of Marygrove College, Detroit, Michigan.

1. Cardinal Newman, **My Campaign in Ireland,** quoted in Plater, "Why a Catholic Medical Guild?" p. 310.
2. "Guild of St. Luke, St. Cosmas, and St. Damian," p. 13.

economic, educational, social, and professional—were also laid down. Provision was made for opportunities of intercourse with international Catholic scientists and for the establishment of branches in university towns where Catholic medical students live in any numbers. These branches would be organized much like the Newman clubs, in order to create a Catholic atmosphere for medical students in that critical stage of their lives when they may mistake science for religion. Publicity was instituted to call the attention of Catholics to the existence of Catholic doctors, for although there is no grave obligation that Catholics engage Catholic doctors, still the Church advises that cases frequently occur in which the best interests of Catholic patrons are served by a doctor who knows both medical science and its relation to society and the Church.

Over and above the specific contingencies covered by the particular aims of the Guild, members felt that occasions were certain to arise when the united voice of the Catholic medical profession would be of utmost service to science and religion. The association, therefore, proposed to itself the general aim of promoting solidarity among its members through affiliation with other known Catholic Medical Guilds, to correspond and exchange ideas with them.

The organization of the Guild of St. Luke, St. Cosmas and St. Damian is simple. The annual meeting is held on the Sunday immediately following the feast of St. Luke, October 18, after High Mass in Westminster Cathedral offered for the Society. At this meeting the officers for the ensuing year are elected and the resolutions of the council are submitted. Council meetings are held from time to time when considered necessary. At the monthly meetings of the Guild, subjects engaging the attention of the profession and the public are discussed from the Catholic point of view. All meetings begin and end with a prayer.

Since its foundation, this Guild has made itself felt in both medical and religious circles. It has done much to acquaint the world with the debt which medical science owes to the Catholic Church, today and in the past. It has organized a library dealing with the application of Catholic philosophy to medical science.

Membership in the Guild includes, besides the body of physicians, qualified priests and lay people. Associated with it are the Catholic Nurses' Guild, the Catholic Pharmaceutical Guild, the Guild of Catholic Consulting Physicians.

One of the principal activities of the Guild is their quarterly publication, **The Catholic Medical Guardian,** established in 1926. This periodical has done much to maintain the solidarity of the Guild and to increase its membership.

At approximately the same time that British Catholic physicians were considering the organization of their Guild, Catholic members of the profession in America were beginning to realize that "if the blind lead the blind both fall into a pit." The movement began with Catholic physicians in Boston and Philadelphia. Today the Federation of Catholic Physicians' Guilds in America includes societies in cities from New York to California, and from Ontario to Louisiana. The Federation, says a recent issue of its quarterly, is "on the threshold of what is possibly the greatest expansion movement in its history."[3]

The purpose and aims of the American Federation of Catholic Physicians' Guilds were well summarized by the Most Reverend Edward Mooney, Archbishop of Detroit, at the first annual Communion breakfast of the Catholic Physicians' Guild of Detroit:

> The primary purpose of the Catholic Physicians' Guild is to unite the latest scientific and theological knowledge in solving current medical problems, and guiding the conscience of Catholic doctors.[4]

Archbishop Mooney pointed out that the Guild is neither a political nor a pressure group, nor is it a clique within the general medical association. He stressed also the fact that the Guild can become a "great force in upholding the high ideals of the medical profession." The principal means suggested by which the Guild can offer assistance, not only to its members but also to the Church are: a wider knowledge of general Catholic affairs on the part of the doctor; the diffusion of knowledge concerning questions that may be decided only through joint study by priest and doctor; a thorough survey of the physical and sociological harm of birth control.[5]

Thus far the Catholic Medical Guilds have successfully carried out the suggestion of Leo XIII and Pius XI. They have led where others may follow. As the Medical Guilds of the Middle Ages solved the problems of that day, so the modern Catholic Medical Guilds are a means of solving the seriously pressing problems confronting Catholic physicians today. Pope Pius XI, in sending his encouragement and commendation to the Guild, expressed a high hope for what is truly the Catholic Physicians' "apostolic work":

> To each of these Beloved Sons, the Holy Father imparts his special Apostolic Benediction with the devout wish that their apostolic work, nourished by the Lord's choicest graces, may sprout into more vigorous fruitfulness for the salvation of souls and for the spread of the kingdom of Our Lord, Jesus Christ.

3. Gruenwald, **"Physician, Heal Thyself,"** p. 7.

The glorious traditions of medicine have in a gratifying manner harmonized with the program of Christ and His Church. Not without providential disposition one of the four Evangelists, St. Luke, was a physician, as St. Paul calls him — "Our most dear physician."—Most Reverend Amleto Cicognani.

4. **The Michigan Catholic,** May 9, 1940, p. 1.
5. **Ibid.**

Patna Report . . .

Arrival — Christmas Eve—1939. It is about ten o'clock at night when an exasperatingly slow train, already a half-hour late, puffs and chuggs its way into the station. Amidst a load of boxes, paper bags and suitcases, two Medical Missionaries step out to be greeted by the Most Reverend Bernard Sullivan, S.J., the Bishop of Patna. Almost immediately His Excellency gets down to business with the urgent invitation, "Come right along, Sisters. A poor family is expecting you. They have been waiting all day long to see you."

Wonderingly the sisters follow him, until the Bishop unlocks the door of the Patna Cathedral where the "poor family"—Mary, Joseph and the Little Infant Jesus in the Crib, have been waiting all the day long to say, "Welcome to Patna."

That was in December, 1939. For our two pioneers arrival in Patna meant a "start from scratch." But "start" they did! Within a few months they had equipped and in working order a small 12-bed hospital which all too soon proved inadequate. A move to larger quarters was inevitable, so the Bishop came to the rescue with the loan of the long-abandoned Old Patna Cathedral and its historic compound. Here, in "Padri-Ki-Haveli" (Garden of the Fathers), among the tombstones and headstones of what is described in a travel book as "the oldest cemetery of the Roman Catholics at Patna, built by the Dutch in 1772," they undertook to transform the Old Cathedral and its surroundings into suitable buildings for a hospital, nurses' home and convent. Second class bricks, mud plaster, and several coats of whitewash—all combined to effect the transformation. The result—a hospital of twenty beds, later "stretched" out of sheer necessity to thirty-eight!

That is the "wherewithal" of the Medical Missionaries in Patna today. But the thirty-eight beds are far too few. Just "how few" you can judge for yourself from the following report. During the past year there were:

4715 dispensary patients
536 hospital admissions
236 operations
55 confinements
50 baptisms.

It is no wonder, then, that Sister Laetitia, the superior, writes enthusiastically of hopes and plans for a larger hospital which would include, besides all the wards found in any modern American hospital, a section for lepers also. (There are so many of them in Patna).

Of course, as the number of patients increased, more sisters were needed to carry on the work. The original corps of the "pioneer two" has since been augmented to six, and includes three nurses, a pharmacist, and a doctor. Soon after their arrival in Patna the sisters began to train some of the native girls as nurses, and now several Bihari and Santal girls, as well as some native Franciscan sisters are enrolled in the preliminary training school.

Now without willing helpers "behind the lines" the prospects for the growth of our youngest mission foundation are bound to be slim. But fortunately there are zealous groups working and praying for Patna. In the fall of 1940, a friend living in California conceived the idea of organizing several of her friends into bands of ten. Each group selects the name of a mystery of the Rosary, and at their meetings the members recite their respective decade for the intentions of the Patna mission. At present there are "Decades," as they are called, in the far west, the middlewest and in the south. Surely their combination of prayer with work for the missions cannot fail to succeed!

(Continued on next page)

Lots for Little

Every so often, in our magazine, we have carried a small notice about the Lots for Little Shop in New York City, soliciting contributions of rummage of all kinds—books, shoes, dresses, coats, furniture, anything you cared to give. Did you ever stop to wonder just what it all meant—just how truly valuable the rummage you gave could be? Would you like to know its value—not in terms of any minted coin—but in terms of the charity of Christ? Then a brief glance at the work done by the various organizations benefited by the thrift shop, as reported at the annual meeting of the Board of Directors held on April 15th, at the Convent of the Helpers of the Holy Souls, will give you some idea of the vast amount of good accomplished by your donations of the things you no longer want or need.

There are many angles to consider when you think of Lots for Little. Let us suppose you are the mother of a lad of twelve who has just outgrown a perfectly good leather jacket. No one else in your household can wear it, so you decide to give it to the shop. **You** are fortunate; you **can** give away. But there are many mothers of boys just a trifle smaller than your Johnny or your Tommy who can afford neither to give away nor even to buy new jackets for their growing sons. Your generosity, however, has helped them—for it enables them to purchase such necessities as sweaters, coats, dresses and so on at a cost within their means at the Lots for Little Shop. Your act of charity brings its own reward. The purchaser of your Johnny's jacket or your Susie's coat, because she **has** purchased, has retained her self-respect—and her small payment for the article means more help for the charities sponsored by Lots for Little.

And what about these charities? In the Barat Settlement House little children are given the opportunity to play somewhere else besides on crowded and

(Continued on Page 95)

Patna's "Domes"

by

Sister M. Laetitia, S.C.M.M., R.N.

Amentia

What are we going to do about our sweepers?"

"What is the matter now?"

"They are stealing us out of house and home, and the last one just left us because I fined her."

Result—for two whole weeks the hospital had no sweepers—permanently no plumbing!!!

To remedy the situation, Doms —pronounced "domes"—were suggested. These people are the lowest of the low and poorest of the poor—so despised that no one will give them work. The first time one of the priests went to their village even his catechist, quite low caste himself, would not enter but sat outside and awaited the priest's return. They are said to eat "dead dog" and all sorts of dead animals, even snakes, but that may not be true. However, they do have to have separate wells as no caste person would take water for any purpose from a Dom well.

Poor Doms! As someone very aptly expressed it, "They are so low down they have to reach up to touch bottom!"

* * *

The upshot of it all was that the Doms arrived. The first two were fairly good with much supervision. Then came the third—and her daughter!

Instructions began:

"You must clean this so."

"Mamma, give me a rupee."

"Look now, and listen to what I am saying."

"Yes, Mamma, but will you give me a 'sari?"

A little later—"Mamma, I have done enough work for today."

"Why, you have hardly done a thing, and the day has hardly begun!"

"Mamma, I do not like to work."

"No—so I have surmised."

Little wonder then that "Domess number three" went the way of all flesh!

* * *

Next came Amentia and Marchino and—a bridal pair! What a pair! They were like cooing turtle doves the whole day long. One never moved without the other, and both together did the work of one. And the other two were terribly afraid of doing the work that should be done by the bridal party! Consequently, practically nothing was done by any of them —so all went back to their village.

Then a complete family arrived on the scene—all with running eyes and noses and fever. The hospital was busy, the few sisters working overtime. One night at about eleven the Sister was fixing up the last patient when a drowsy voice came: "Mamma, did you not hear my child cough? Bring it some medicine at once." Mrs. "Domess" and her family were sleeping on the verandah and calling the butler to wait upon them.

On another occasion the Sister was sound asleep when a voice came out of the darkness: "Mamma, you left your glasses on the table. Do you want to wear them to see?"

"Jesu ki Barai (Glory be to Jesus)" is the Christian greeting. How they love to use it, in season and out! A thousand times a day is not too often. One night the Sister went along the verandah to an outside tap to fill an earthen ware "sarhai." Coming back she slipped on some water that the sweeper had left around. Crash!—she was water from head to foot, badly bruised, and the "sarhai" was in a million pieces! "Jesu ki barai," murmured the sleeping Dom. You can imagine that the reply was **not** "Jesus ki barai!"

(Continued from preceding page)

Another zealous group is that of some friendly mission-minded doctors in Chicago who are doing their utmost to make the medical profession conscious of the immediate need for a larger hospital and medical school for women in Patna.

And so—on both sides of the Pacific, at home and abroad—we are praying and working for the Patna mission. For years back the great plea of the natives has been: "Give us schools and help for the sick!" True—some help has come, but it is only a "drop in the bucket" when compared with all that remains to be done! For there are still many "poor families" waiting all the day long—in Patna.

In Our Library

EDITH CAVELL by Helen Judson. The Macmillan Co., New York, 1941, clothbound, 288 pp., $2.50.

"I know now that patriotism is not enough. I must have no hatred and no bitterness toward anyone." These words spoken by Edith Cavell before she died seem particularly apropos in this present time of conflict and suffering. What is more important than the mere words is that fact that the fifty years of her life bear ample witness to her conviction that the true spirit of service and charity does not reserve itself for a certain class or nation but embraces all mankind.

In order to understand Edith Cavell we must turn back to her early childhood. From her cradle days allegiance to duty—stern, unremitting and unrelenting — was the lesson taught her by a somewhat puritanically-minded father, the vicar of a small country church in rural England. For him, even charity rose more from a sense of duty than from love, and he taught his children the same. Miss Cavell once told a friend that she could never look upon roast meat without a feeling of apprehension lest it be taken away before she had the opportunity to taste it—for there was an unwritten law in the Cavell household that whenever they had roast they must share it with six others. Each Sunday six basins were brought to the table in which Mr. Cavell placed the portions which his children were to take to the sick of the village. By the time they returned their own dinner was quite cold—but according to the father, that was quite all right. That was duty!

Tempering this strict and stern sense of duty which Edith Cavell inherited from her father was a kindly thoughtfulness and geniality of spirit imparted to her by her mother. Without this Edith Cavell might have become a nurse —and a very efficient one at that —but she never could have become a woman whose concern for others led her to unselfish and unstinted devotion to their needs.

It is not surprising then that we find Edith Cavell seeking out the profession of nursing so that she could thereby better give herself in service to her fellow man. Once she launched out upon this career events moved quickly. There was, first of all, the period of training at the London Hospital. No sooner had the young nurse completed her apprenticeship, than she rose successively to become superintendent and assistant matron at two of the larger charity hospitals in London—St. Pancras and Shoreditch Infirmary—both of them institutions situated in some of the worst slum districts in the city. Her work proved her capabilities as a nurse, teacher and organizer—so that when the eminent Belgian physician, Dr. Depage, was looking for someone who would possess the qualities essential for a hospital matron, he offered that post in the St. Giles Hospital to Edith Cavell.

For the first years at least, her work in this capacity was largely up-hill. The standards of nursing in Belgium in the early nineteen-hundreds were not very high. They were, in fact, vastly inferior to the English. There were countless problems to meet and settle—finances, hours of duty, discipline, techniques and so on. And in addition to all this, Miss Cavell often found it difficult to deal with a people whose spontaneity and goodly amount of voluble Latin temperament differed so from her very English quiet and reserve. It was no small accomplishment when, after about seven years of service, she had not only won the confidence and admiration of the people with whom she worked, but was recognized by the International Council of Nurses for her successful management of the St. Giles Hospital.

Her allegiance to the ideals and duties of the nursing profession and her desire to alleviate the suffering of humanity had brought her to Belgium in 1907. These same qualities of character kept her there when the war broke out seven years later. And when she saw that she could help others in the person of the soldiers of her own or any other country—they impelled her to strive to relieve the sick and wounded and assist them to safety.

In this biography Helen Judson has presented a very fair and sincere portrait of Edith Cavell. She has made her neither a patriot nor a martyr. Instead she has given us an authentic and interesting picture of a woman who realized that "patriotism was not enough," and whose desire to serve her fellow man led her to follow her ideals beyond the boundaries of country, nation, and peoples and to adhere to them no matter what the consequences might be.

Let us rekindle in ourselves the spirit of love, let us hold ourselves ready to collaborate with our faith and our hands—after the most extensive, disastrous, and bloody cataclysm of all history—to reconstruct from the pile of material and moral ruins a world which the bonds of brotherly love will weld in peace, a world in which, with the help of the Almighty all may be new hearts, words and works.—Pope Pius XII

R. I. P.

Please pray for the repose of the souls of:

Sister Mary Margaret Alacoque, Hartford, Conn.

Sister M. Cyril, Holy Cross, Indiana

Sister M. Regis, Baden, Pa.

Mr. Philip Burck, Washington, D. C.

On the 18th day of every month the Holy Sacrifice of the Mass is offered for deceased subscribers and benefactors.

For Native Clergy in Japan and Korea

JUNE MISSION INTENTION

The program of universal charity as conceived and carried out by the Catholic Church allows for no national limits—hence Her appeal to the faithful for prayerful remembrance of the "native clergy in Japan and Korea." These are Her chosen ministers who today must carry the banner of Christ judiciously and gallantly during a world upheaval. Besides the superficial unity of these two nations which constitute a portion of the empire of Nippon, there are certain points of similarity. These include their manner of continuing the practice and spread of Christianity "without benefit of clergy," the steadfastness and courage of the converts during persecutions which equal those of the first days of the Church, and the isolation of the nations themselves.

Korea may be said to be the nation "which went out to seek Christ." After being subjugated by China her representatives had to pay yearly visits to the court of Peking. There they received their first knowledge of Catholicity, and being deeply impressed, brought back books of instruction which they carefully perused. Finally Ri Syeng-hun-i placed himself under instruction in Peking and was baptized, receiving the name of Peter. Returning to Korea he spread the knowledge of his faith among his countrymen, some 4,000 of whom were converted.. Although only a layman he introduced the ceremonials of the Church in Peking, unintentionally assuming ecclesiastical prerogatives. When this state of affairs became known the self-appointed Korean clergy stepped aside willingly but continued their private devotions and the instruction of would-be converts, begging that "a real priest" be sent to them. It was not until 1794 that this request could be granted, but the ground had been prepared for a splendid harvesting.

PRAY FOR OUR BROTHERS IN JAPAN AND KOREA

Japan, on the other hand, had allowed the preaching and teaching of Christianity after the coming of St. Francis Xavier, but when suspicion of missionary motives was implanted in the minds of the rulers by those who hated the Church, Nippon's era of persecution began. All ministers of Catholicity were expelled, but the converts they had made kept the faith for over two hundred years even though they never saw a priest during those two long centuries.

No student of mission history can fail to appreciate the intensity of the persecutions launched against Catholics in these two countries, even as they acknowledge and applaud the tenacity and fervor of the converts. Catholics of both Japan and Korea have had their baptism of blood, but there has been no lessening in their courage and charity in the face of torture.

With the raising of government restrictions concerning foreigners in both Japan and Korea, Catholicity entered upon a second spring in both countries. The training of clergy indigenous to the land became a definite part of the Church's program—a part which cannot be overestimated in these trying days. Nipponese and Korean youths received the best in educational training prior to their preparation for the priesthood. Their number has been augmented annually, and there can be no doubt that it is in their hands that the future of the Church must rest for many years to come. Today a native, His Excellency, Most Reverend Peter Tatsuo Doi, is Archbishop of Tokyo and metropolitan of all the Catholics in the Nipponese empire. His is a tremendous task, and both he and his confreres need strength and courage during these difficult times. It is for this reason that the Holy See has requested the Society for the Propagation of the Faith to ask the prayers of the faithful during June "for the native clergy of Japan and Korea."—Right Rev. Msgr. Thomas J. McDonnell, National Director, The Society for the Propagation of the Faith.

NEWS from HOME and ABROAD

Sister M. Lucia
At Home

Sister Mary Lucia of Oosterwijk, Holland, received her degree of Bachelor of Arts from Trinity College this June. Previous to her studies here, Sister Lucia attended the **Gymnasium,** which is equivalent to our high school and junior college, at Tilburg, Holland. After completing her novitiate in the Society, she enrolled at Trinity College in Washington. In the fall Sister will continue her studies at the Catholic University of America, where she will take up work in anthropology—a science closely affiliated with and auxiliary to mission science.

* * *

A.R.P.—in Dacca

The latest "Dacca news" brought more reports about the "air raid precautions" at the Mitford Hospital where four of our sisters are in charge of the nursing. Sister M. Therese writes:

"Here we are all very busy and prepared for anything. All lights have A.R.P. shades on them, and hurrican lanterns have been issued to every ward. Over one hundred stretchers have just been made, and a short time ago all the glass doors and windows were removed so as to prevent unnecessary injury from broken glass. We also have fifty young men taking courses at the hospital. Sister Vincent, who has a St. John's Certificate, is very much in demand for teaching first aid. (Sister was formerly a member of the famous St. John's Ambulance Corps of Dublin.) She is instructing them for all the practical work, while Sister Cecilia teaches "home nursing." They come to the hospital every day for six hours, and their entire course lasts three months. After they have finished a second lot will come. So you can easily see why we are very busy at the Mitford."

Topsy-turvy Weather in Pindi!

We are looking forward to the summer and expect it to be every bit as hot as usual. We have a sort of standard joke that never fails to draw a laugh and cools one off better than a drink of ice water. Someone will come into the refectory and hold out her hands to an imaginary blaze in the dead and blackened fireplace. She pretends to shiver from head to foot and remarks: "My, but I am glad to be inside near the fire!" Apparently the cold of January leaves a more lasting impression than the heat of July. I never expected to find the cold of India worse than the heat, but that just adds one more item to the topsy-turviness of India!

Twins Expected!

Something rather amusing happened the other day. A great, big bearded Sikh came in and inquired about the hospital rates, because his wife was expecting a baby. He was particularly interested to learn if he would have to pay separately for the baby's stay in the nursery. Sister Margaret Mary assured him that the care of the baby was included in the price —"Even if it is twins," she said. The man looked very much taken aback at this little bit of humor and stuttered with excitement: "But it won't be!" He kept repeating this over and over again. We tried to quiet him down, but he left the hospital in a mighty great hurry, and we have not seen him since—nor his wife either!

—Sister M. Elise Wijnen, M.D., Pindi.

Bacho!

I am always learning new helps when bicycle-riding. For one thing I found that when I am passing through a congested area, no one seems to pay the least attention no matter how much I ring my bell. There are no sidewalks, and all the traffic is in the streets—sometimes very narrow streets at that. Buffaloes, camels, cows, goats, tongas, occasional motors and trucks, people galore, bicycles, and so on—all move along practically on top of each other. But I found that if I call out "Bacho!" —which means "Save yourself"—just as the tonga-drivers yell all the time, the people pay more attention and step out of the way.

Pulling teeth ..is "all in the day's work" when "village visiting" in Dacca. Sister M. Therese performs the operation.

The 300-bed municipal hospital in Dacca where our sisters are in charge of the nursing.

It is quite a great help; even the buffaloes become excited and step aside!

Tooth Brushes—Indian Style

One morning I had to go out very early to see an urgent case. People were just getting up and washing and going to work. Buffaloes were being driven down to the river or out to pasture, and men and boys were gathered around the public hydrants — scrubbing themselves or drawing water for the family use. One man, who looked as though he might be a clerk in a business house, was riding to work on his bicycle. With his left hand he was holding on to the handle-bar and steering, while with his right he was rapidly brushing his teeth with the twig of some special tree which the Indians use for tooth brushes. They chew one end of the twig until the fibres are free and stand out like tiny bristles, and then they brush their teeth with this. This man was rubbing away very vigorously, while all the time he kept pedaling his bicycle at a great speed. Such sights are not strange here; I was probably the only person who thought it odd.

—Sister M. Alma Julia, Pindi

(Continued from Page 90)

dangerous city streets. These same little tots, who would otherwise go hungry, are also given two well-balanced meals a day and are taught their catechism. All this—because you gave to Lots for Little!

Illness or the necessity of working away from home prevents many a harassed mother from taking proper care of her children. Who is to look after little Margie or Jackie of pre-school age when their mothers cannot afford someone to "stay with the children?" The MacMahon Temporary Shelter for Infants, another of the beneficiaries of the shop, is able to come to their aid because you **did** send rummage to Lots for Little. tle.

Likewise the Helpers of the Holy Souls are assisted in carrying on their work through your charity. While out teaching catechism, while helping poor families to rehabilitate themselves, while assisting the dying—these sisters are not unmindful of your generosity. Neither is the St. Paul Guild which offers financial help to many converts to the Faith, who were formerly numbered among the non-Catholic clergy. And then there is the Big Sisters' Movement for the guidance of delinquent girls—the youngest protege taken under the wing of Lots for Little. Both share in the profits made possible by your donations.

But the many benefited by your generous interest in the thrift shop are not limited to the United States! Our own medical missions ten thousand miles away in far off Dacca, Patna, and Pindi know the value of your gifts. And because you did give—you too share in the meritorious work of helping the sick in the missions!

And so—when again you stop to wonder just what your contributions mean—think of them, not in terms of any coin that will wear or tarnish, but as exchange for coin that will shine forever in the Kingdom of Heaven. It is no trifling thought that an old dress or hat or coat or whatever you have to give is permitted to share in the great work of spreading the charity of Christ! And certainly it is no small incentive to lead you to give and give more of whatever you can spare to the brave little shop at 902 Third Avenue, New York!

Rationed?

Little "Sultani" above is only one of the reasons why we say: "No rationing please of bricks and bricklets—or of cod-liver oil either—for Pindi!

Our present Holy Family Hospital is no longer large enough to accommodate all the "Sultanis"—to say nothing of the grown-ups who are brought to us for medical care.

Won't you share in our apostolate? Send in your brick-blacking donation now for a new 100-bed hospital for Pindi!

HELP THE SICK—

BUY A BRICK!

"A lack-a-day and heigh-ho,"
A new song we sing,
"No sugar in our coffee
Since rationing's the thing!"

But for building in Pindi
No sugar we ask;
Just large bricks and bricklets
Will do for the task!

For in India of these
There's no scarcity, we're told,
Still our "hitch comes in"
In the fact that they're sold.

And that's where your dollars
And dimes play a part,
Without your donation
We'd be "stuck" for a start!

So won't you assist, please?
And sing—"No rationing
Of bricks and help for Pindi,
When we're building for the King!"*

* With apologies to—the Rationing Board!

Send your "brick-blacking" donation to:
MOTHER ANNA DENGEL
8400 Pine Road
Fox Chase, Philadelphia, Pa.

Dear Mother Dengel:

I am delighted to join in your "black-in bricks" campaign. Enclosed please find $..... to cover .....bricks

Very sincerely,

.....